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CONFIRMATION NO. 1672

<b>SERIAL NUMBER</b> 10/673,781	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 1112-1-080NDIV
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**APPLICANTS**Qinwei Shi, Etobicoke, CANADA; *L/C***\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/938,270 08/23/2001 PAT 6,673,562 which claims benefit of 60/227,536 08/24/2000 and claims benefit of 60/292,497 05/21/2001 *L/C*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 01/15/2004

**\*\* SMALL ENTITY \*\***

1672

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>L/C</i>				

**ADDRESS**

43850

**TITLE**

Differential immunoassay

<b>FILING FEE RECEIVED</b> 705	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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